FORM D

U.S. Securities and Exchange Commission

Washington, DC 20549

Notice of Exempt Offering of Securities

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001

OMB APPROVAL

OMB Number: 3235-0076 Expires: January 31, 2009 Estimated average burden hours per response: 4.00

Item 1. Issuer's Identity		
Name of Issuer	Previous Name(s) None	Entity Type (Select one)
Adams Street Partnership Fund - 2009	Non- PROCES	ur
U.S. Developed Markets Fund, L.P.		- Dimined : artifetomp
Jurisdiction of Incorporation/Organization	JAN 132	O Limited Liability Company
Delaware		
Year of Incorporation/Organization (Select one)	THOMSONE	O Business Trust O Other (Specify)
O Over Five Years Ago Within Last Fiv (specify year		
(If more than one issuer is filing this notice,	check this box 🔲 and identify additional issuer(s) by att	taching Items I and 2 Continuation Page(s).)
Item 2. Principal Place of Busine	ess and Contact Information	
Street Address 1	Street Address 2	
c/o Adams Street Partners, LLC	One North Wack	ker Drive, Suite 2200
City	State/Province/Country ZIP/Postal Code	Phone No.
Chicago	Illinois 60606	(312) 553-7890
Item 3. Related Persons		
Last Name	First Name	Middle Name
Adams Street Partners, LLC		
Street Address 1	Street Address 2	
One North Wacker Drive, Suite 2200		
City	State/Province/Country ZIP/Postal Code	Mail Processing
Chicago	L 60606	Section
Relationship(s): Executive Office	er Director Promoter	14ML O 2 2000
Clarification of Response (if Necessary)	General Partner of the Issuer	
Charmounter of Response (MTN-0-0-0-0-1)		ax And attachine Item 3 Continuation Page(s).
Item 4. Industry Group (Select	(Identify additional related persons by checking this bo t one)	SHESTINGION, US
O Agriculture	O Business Services	O Construction
Banking and Financial Services	Energy	O REITS & Finance
O Commercial Banking	O Electric Utilities	O Residential
O Insurance	O Energy Conservation	O Other Real Estate
O Investing		O Retailing
O Investment Banking		O Restaurants
 Pooled Investment Fund 	O Oil & Gas	O Technology
If selecting this industry group, also select of		O Computers
fund type below and answer the question belo	Health Care	O Telecommunications
O Hedge Fund	O Biotechnology	O Other Technology
O Private Equity Fund	O Health Insurance	O Travel
O Venture Capital Fund	O Hospitals & Physicians	O Air
Other Investment Fund Is the investment control of an investment common to the investment	O Pharmaceuticals	O Lo
Is the issuer registered as an investment compa under the Investment Company Act of 194	40? Other Health Care	O TO MANUAL MANU
O Yes ● No	O Manufacturing	
O Other Banking & Financial Services	Real Estate	
	() Commoratel	(144111111164 16 1

Item 5. Issuer Size (Select one)	
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above) O No Revenues O \$1 -\$1,000,000 O \$1,000,001 -\$5,000,000 O \$5,000,001 -\$25,000,000 O \$25,000,001 -\$100,000,000 O Over \$100,000,000 O Decline to Disclose O Not Applicable	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above) O No Aggregate Net Asset Value O \$1 - \$5,000,000 O \$5,000,001 - \$25,000,000 O \$25,000,001 - \$50,000,000 O \$50,000,001 - \$100,000,000 O Ver \$100,000,000 O Decline to Disclose O Not Applicable
Item 6. Federal Exemptions and Exclusions Claimed	(Select all that apply)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c) Section 3(c)(9) Section 3(c)(10) Section 3(c)(11) Section 3(c)(12) Section 3(c)(13) Section 3(c)(14)
New Notice OR	
Date of First Sale in this Offering: December 22, 2008 Ltom 8. Duration of Offering	OR First Sale Yet to Occur
Item 8. Duration of Offering	1 57
Does the issuer intend this offering to last more than one year?	Yes No
Item 9. Type(s) of Securities Offered (Select all that	apply)
☐ Equity	Pooled Investment Fund Interests
☐ Debt	☐ Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	☐ Mineral Property Securities
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	☑ Other (Describe)
	Limited Partnership Interests
Item 10. Business Combination Transaction	
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Clarification of Response (if Necessary)	☐ Yes ⊠ No

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Item 11. Minimum Investment

Minimum investment accepted from any	outside i	investor	\$	-	the disc	retion of the	Issuer's C	General	
Item 12. Sales Compensation			Į	Partner					
Recipient		Rec	ipient CR	LD Number		<u>.</u>		·	
N/A						J No CRD N	umber		
(Associated) Broker or Dealer	one	(As:	sociated)	Broker or D					
				<u>. </u>		⊃ No CRD N	umber		
Street Address I	J	Stre	et Addre:	ss 2					
City		Stat	e/Provinc	e/Country		ZIP/Pos	tal Code		
			•						
☐ IL ☐ IN ☐ IA ☐ KS ☐ ☐ MT ☐ NE ☐ NV ☐ NH ☐ ☐ RI ☐ SC ☐ SD ☐ TN ☐ (Identify additional person(s) but		□ CO □LA □ NM □ UT ompensatio	□ CT □ME □NY □ VT n by checki	□ DE □ MD □ NC □ VA ing this box □ a	DC MA ND WA dand attachin	MI DH WV	□ GA □ MN □ OK □ W1 inuation Page	□ HI □ MS □ OR □ WY	□ ID □ MO □ PA □ PR
Item 13. Offering and Sales Amoun	its					·			
(a) Total Offering Amount \$						OR 🛭 Ind	lefinite		
(b) Total Amount Sold \$	591,14	15,680							
(c) Total Remaining to be Sold (Subtract (a) from (b))						OR 🖾 Inc	Well P	SEC rocessing action	
Clarification of Response (if Necessary)							TAN	D 2 200c	
							UARI	U7 200g	
Item 14. Investors								ngton, DC । ଜବ	
Check this box if securities in the of enter the number of such non-accredited	fering ha	ive been s who alt	or may b eady hav	e sold to pe e invested in	ersons w	arina:	alify as ac	credited inv	estors, and
Enter the total number of investors who	already h	ave inve	sted in th	e offering:	76]		
Item 15. Sales Commissions and F	inders'	Fees E	xpense	<u> </u>					<u></u> _
Provide separately the amounts of sale		ssions a	nd finder	rs' fees expe	nses, if	any. If an a	mount is r	not known,	provide an
estimate and check the box next to the a	mount.		Sales	s Commissio	n \$ 0				Estimate
					· · · · ·			- -	
OLIGATION CONT.				Finder's Fe	e \$ <u>2</u>	7,900			Estimate
Clarification of Response (if Necessary)									

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Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.	\$ •	□ Estimate
Clarification of Response (if Necessary)		
* The Issuer shall pay to Adams Street Partners, LLC an annual fee (the "N agreements executed by each of the limited partners and the Issuer. In no aggregate subscriptions		

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on <u>Rule 505 for one of the reasons stated</u> in <u>Rule 505(b)(2)(iii)</u>.

*This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box \square and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

lssuer(s)	Name of Signer
Adams Street Partnership Fund – 2009 Non-U.S. Developed	Michael J. Jacobs
Markets Fund, L.P.	
Signature	Title
Muhar Juesto	Vice President of Adams Street Partners, LLC, General Partner of the Issuer
	Date
Number of continuation pages attached:	12/30/2008
	<u> </u>

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid 0MB number.

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Adams Street Associates, LP			
Street Address 1		Street Address 2	
c/o Adams Street Partners, LLC		One North Wacker D	rive, Suite 2200
City	State/Province/Country	ZIP/Postal Code	
Chicago	Illinois	60606	
Relationship(s): Executive	Officer Director	Promoter	
Clarification of Response (if Necessa	Beneficial Owner of	the General Partner	
Last Name	First Name		Middle Name
Callahan	Kevin		T.
Street Address 1	<u> </u>	Street Address 2	
c/o Adams Street Partners, LLC		One North Wacker D	rive, Suite 2200
City	State/Province/Country	ZIP/Postal Code	
Chicago	Illinois	60606	
Relationship(s):	Officer Director	Promoter	
Clarification of Response (if Necessa	ary)	· · · · · · · · · · · · · · · · · · ·	
Last Name	First Name		Middle Name
Fencik	J,		Gary
Street Address 1		Street Address 2	
c/o Adams Street Partners, LLC		One North Wacker D	rive, Suite 2200
City	State/Province/Country	ZIP/Postal Code	
Chicago	Illinois	60606	
Relationship(s): Executive	Officer Director	Promoter	
Clarification of Response (if Necessa	ary)		
Last Name	First Name		Middle Name
French	T.		Bondurant
Street Address 1		Street Address 2	
c/o Adams Street Partners, LLC			
City	State/Province/Country	ZIP/Postal Code	
Chicago	Illinois	60606	
Relationship(s):	Officer Director	Promoter	
Clarification of Response (if Necessa	ary)		

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Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Gould	Elisha		P.
Street Address 1		Street Address 2	<u> </u>
c/o Adams Street Partners, LLC		One North Wacker I	Orive, Suite 2200
City	State/Province/Country	ZIP/Postal Code	
Chicago	Illinois	60606	
Relationship(s):		Promoter	
• • • • •	T		
Clarification of Response (if Necess	ary)		<u> </u>
Last Name	First Name		Middle Name
Нирр	William		J.
Street Address 1		Street Address 2	
c/o Adams Street Partners, LLC		One North Wacker I	Drive, Suite 2200
City	State/Province/Country	ZIP/Postal Code	
Chicago	Illinois	60606	
Relationship(s): Executive	Officer Director	Promoter	
Clarification of Response (if Necess			
Clarification of Response (if Necess	a1 y)		
Last Name	First Name		Middle Name
Jacobs	Michael		J.
	l i		
Street Address 1]	Street Address 2	
Street Address 1 c/o Adams Street Partners, LLC		Street Address 2 One North Wacker I	Drive, Suite 2200
	State/Province/Country		Drive, Suite 2200
c/o Adams Street Partners, LLC	State/Province/Country Illinois	One North Wacker I	Drive, Suite 2200
c/o Adams Street Partners, LLC City	Illinois	One North Wacker ZIP/Postal Code	Drive, Suite 2200
c/o Adams Street Partners, LLC City Chicago	Officer Director	One North Wacker I ZIP/Postal Code 60606	Drive, Suite 2200
c/o Adams Street Partners, LLC City Chicago Relationship(s): Executive Clarification of Response (if Necess	Officer Director	One North Wacker I ZIP/Postal Code 60606	
c/o Adams Street Partners, LLC City Chicago Relationship(s): Executive Clarification of Response (if Necess Last Name	Officer Director sary) First Name	One North Wacker I ZIP/Postal Code 60606	Drive, Suite 2200 Middle Name
c/o Adams Street Partners, LLC City Chicago Relationship(s): Executive Clarification of Response (if Necess Last Name Kevin	Officer Director	One North Wacker ZIP/Postal Code 60606 Promoter	Middle Name
c/o Adams Street Partners, LLC City Chicago Relationship(s):	Officer Director sary) First Name	One North Wacker I ZIP/Postal Code 60606	Middle Name
c/o Adams Street Partners, LLC City Chicago Relationship(s):	Officer Director sary) First Name Quintin	One North Wacker ZIP/Postal Code 60606 Promoter Street Address 2 One North Wacker	Middle Name
c/o Adams Street Partners, LLC City Chicago Relationship(s):	Officer Director sary) First Name	One North Wacker ZIP/Postal Code 60606 Promoter Street Address 2	Middle Name
c/o Adams Street Partners, LLC City Chicago Relationship(s):	Officer Director sary) First Name Quintin State/Province/Country [Illinois]	One North Wacker ZIP/Postal Code 60606 Promoter Street Address 2 One North Wacker ZIP/Postal Code 60606	Middle Name
c/o Adams Street Partners, LLC City Chicago Relationship(s):	Officer Director Sary) First Name Quintin State/Province/Country Illinois Officer Director	One North Wacker ZIP/Postal Code 60606 Promoter Street Address 2 One North Wacker ZIP/Postal Code	Middle Name

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Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name
Newman	Joan		W.
Street Address 1		Street Address 2	
c/o Adams Street Partners, LLC	- W - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	One North Wacker Dr	ive, Suite 2200
City	State/Province/Country	ZIP/Postal Code	
Chicago	Illinois	60606	
Relationship(s): 🛭 Executive	e Officer Director	Promoter	
Clarification of Response (if Neces	sary)		
Last Name	First Name		Middle Name
Smits	Hanneke		
Street Address 1		Street Address 2	
c/o Adams Street Partners, LLC		One North Wacker Dr	ive, Suite 2200
City	State/Province/Country	ZIP/Postal Code	
Chicago	Illinois	60606	
Relationship(s): Executive	e Officer Director	Promoter	
, _			
Clarification of Response (if Neces	isary)		
Last Name	First Name		Middle Name
	7		
Street Address 1		Street Address 2	SEC
Sirect Address 1]	Wall Processing
	State /Description / Country	ZIP/Postal Code	Section
City	State/Province/Country	ZIP/Postal Code	JAN 97 2009
Relationship(s):	e Officer	Promoter	Weshington, DC
Clarification of Response (if Neces	sary)		10ୃଷ
Last Name	First Name		Middle Name
	}		
Street Address 1	<u> </u>	Street Address 2	
Oliver Lindicos 1]	
City	State/Province/Country	ZIP/Postal Code	
City	State/Flovince/Country	ZII /I OSIAI COUE	
	e Officer 🔲 Director	☐ Promoter	
Relationship(s):	- Director		

